

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7481**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 92	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Alleby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville, Mo.		c. LENGTH OF STAY (in this place) 3 Hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Missouri		1021	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Laughlin Hospital				d. STREET ADDRESS (If rural, give location) East College Street.			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) Lloyd		c. (Last) Simpson		4. DATE OF DEATH (Month) (Day) (Year) 3-31-50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-10-1886	
9. AGE (In years last birthday) 63		10. MONTHS 9		11. DAYS 21		12. HOURS 1 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Shelby County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John B. Simpson		13b. MOTHER'S MAIDEN NAME Ella Baldwin		14. NAME OF HUSBAND OR WIFE Mary O. Simpson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary O Simpson Shelbina, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 15 months 4521 1001					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from March 31, 1950 , to March 31, 1950 , that I last saw the deceased alive on March 31, 1950 , and that death occurred at 11:57 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE D. J. Rhoads, D.O.				23b. ADDRESS Kirkville, Mo		23c. DATE SIGNED 3-31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-2-50		24c. NAME OF CEMETERY OR CREMATORY Shelbina IOOF		24d. LOCATION (City, town, or county) (State) Shelbina, Missouri	
DATE REC'D BY LOCAL REG. 3-31-50		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Million & Barkelew Shelbina, Mo.			

(Licensed Embalmer's Statement on Reverse Side) **Million and Barkelew**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
APR 10 1950
DEPT. HEALTH Officer NE 70
4-28-63
APR 10 1950
Data Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4478

P. O. Address. Shelbyville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.